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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	1/1150
	First Named Inventor	Helmut MEISSNER
	COMPLETE IF KNOWN	
	Application Number	09/ / 965,766
	Filing Date	09/28/2001
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ANTICHOLINERGICS, PROCESSES FOR PREPARING THEM, AND
PHARMACEUTICAL COMPOSITIONS CONTAINING THEM**

the specification of which
☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) **09/28/2001** as United States Application Number or PCT International Application Number **09/965,766** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
DE 100 50 995.9	Germany	10/14/2000	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/249,350	11/16/2000	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number —————→ Place Customer Number Bar Code Label here
 OR
☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Robert P. Raymond	25,089	Susan K. Pocchiari	45,016
Alan R. Stempel	28,991	Philip I. Datlow	41,482
Mary-Ellen M. Devlin	27,928	Timothy X. Witkowski	40,232
Anthony P. Bottino	41,629		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/C2C attached hereto.

Direct all correspondence to: ☒ Customer Number 28501 OR ☐ Correspondence address below

Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

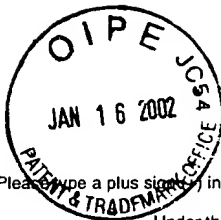
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
Helmut	MEISSNER

Inventor's Signature	<i>Helmut Meissner</i>		Date	Nov. 15 2001
Residence: City	Ingelheim	State	Country	Germany
			Citizenship	DE
Post Office Address	Hallgartenerstrasse 9			
Post Office Address				
City	Ingelheim	State	ZIP	55218
		Country	Germany	

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Gerd				MORSCHHAEUSER			
Inventor's Signature		<i>Gerd Morschhaeuser</i>			Date		Nov 15, 2001
Residence: City		State	Country	Germany		Citizenship DE	
Post Office Address		Obere Muhl 9					
Post Office Address							
City		State	ZIP	55218		Country Germany	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Michael Paul				PIEPER			
Inventor's Signature		<i>Michael Paul Pieper</i>			Date		Nov 16, 2001
Residence: City		State	Country	Germany		Citizenship DE	
Post Office Address		Selztalstrasse 108					
Post Office Address							
City		State	ZIP	55218		Country Germany	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Gerald				POHL			
Inventor's Signature		<i>Gerald Pohl</i>			Date		Nov 22, 2001
Residence: City		State	Country	Germany		Citizenship DE	
Post Office Address		Akazienweg 12					
Post Office Address							
City		State	ZIP	88400		Country Germany	

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Richard				REICHL			
Inventor's Signature	<i>Richard Reichl</i>					Date	<i>Nov 16 1999</i>
Residence: City	Gau-Algesheim	State		Country	Germany	Citizenship	DE
Post Office Address	Im Hippel 55						
Post Office Address							
City	Gau-Algesheim	State		ZIP	55435	Country	Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Georg				SPECK			
Inventor's Signature	<i>Georg Speck</i>					Date	<i>Nov 19 99</i>
Residence: City	Ingelheim	State		Country	Germany	Citizenship	DE
Post Office Address	In der Bitz 10						
Post Office Address							
City	Ingelheim	State		ZIP	55218	Country	Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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